



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HANCOCK REGIONAL HOSPITAL

City of Hospital: Greenfield

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Lori Forth

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Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67144902
Outpatient Patient Service Revenue	\$260159387
Total Gross Patient Service Revenue	\$327304289

2. Deductions From Revenue

Contractual Allowance	\$201398714
Other Deductions	\$0
Total Deductions	\$201398714

3. Total Operating Revenue

Net Patient Service Revenue	\$125905576
Other Operating Revenue	\$11497580
Total Operating Revenue	\$137403156

4. Operating Expenses

Salaries and Wages	\$44163884	Employee Benefits	\$10355681
Depreciation and Amortization	\$8787559	Interest Expense	\$0
Bad Debt	\$10976962	Other Expenses	\$56385113
Total Operating Expenses	\$130669199		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6733958	Total Assets	\$220303416
Net Non-operating Gains over Loss	\$11570566	Total Liabilities	\$-22030341

Total Net Gains	\$18304524
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$171647992	\$132563747	\$39084245
Medicaid	\$36849829	\$28120539	\$8729290
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$118806469	\$40714428	\$78092041
Total	\$327304290	\$201398714	\$125905576

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$55961	\$0	\$55961

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$39190	\$199483	\$-160293
Hospital Patients	\$25402	\$77841	\$-52439
Community Education	\$21897	\$168212	\$-146315

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	173
Number of Citizens Exposed to Health Education Messages	555135

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6218087	
HCI Payments	\$0		
Subtotal	\$0	\$6218087	\$-6218087
Medicaid Shortfalls	\$6009914	\$28411137	
Subtotal	\$6009914	\$34629224	\$-28619310
DSH Payments	\$2,738,413		
Subtotal	\$8748327	\$34629224	\$-25880897
Medicare Shortfalls	\$25627449	\$130341911	
Other Government Programs	\$0	\$0	
Total	\$34375776	\$164971135	\$-130595359

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$468636	\$656445	\$-187809
Community Assessment	\$0	\$14045	\$-14045
Provision of Taxes	\$0	\$310092	\$-310092
Other Allocations	\$0	\$0	\$0

Comments

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